Part 1



Actionable Intelligence from
Aimless Information



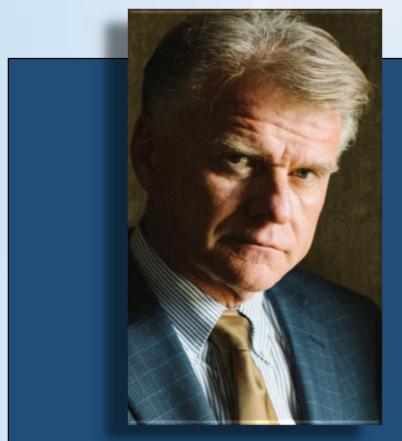


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North Carolina Statewide Snapshot 105 FILLS STATES Statewide Snapshot NCProbationers 73, 109 https://www.ncdps.gov/about-dps/department/public-safety-statistics/

Jail Inmates
18,100

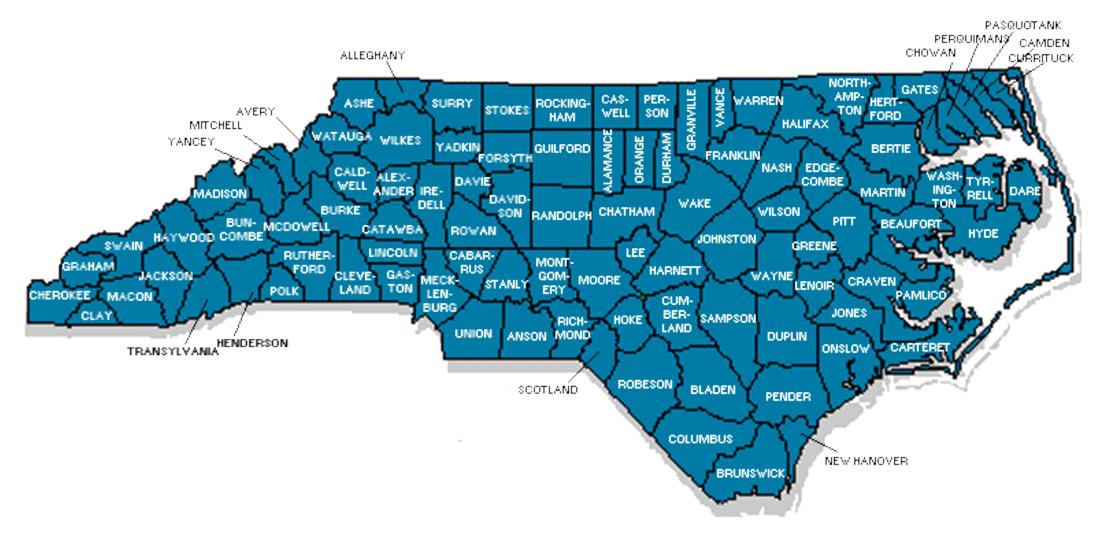
NC Prisoners
31,900

https://nccriminallaw.sog.unc.edu/2019-north-carolina-jail-occupancy-rates/

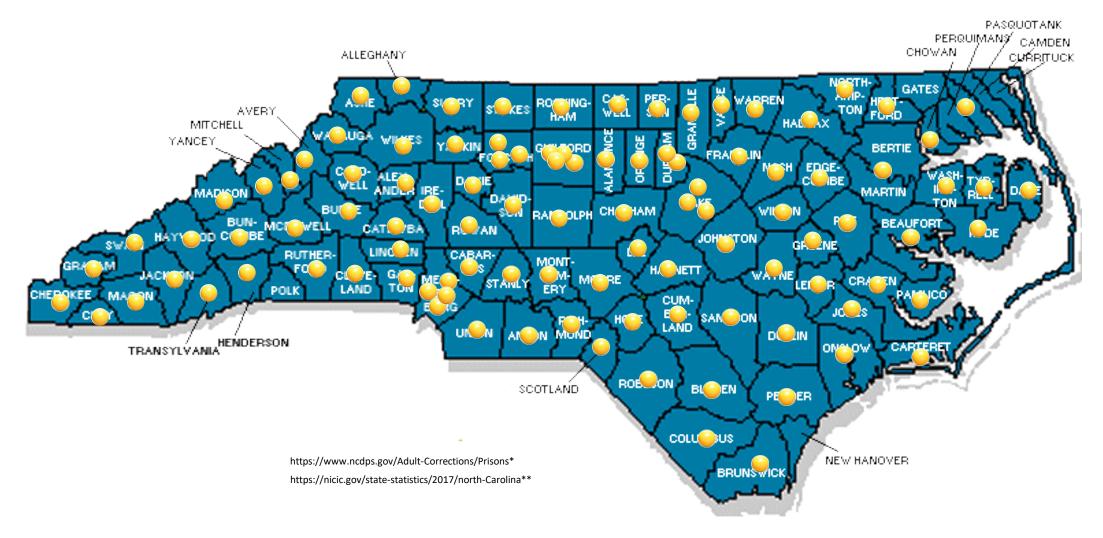
https://www.ncdps.gov/about-dps/department-public-safety-statistics/



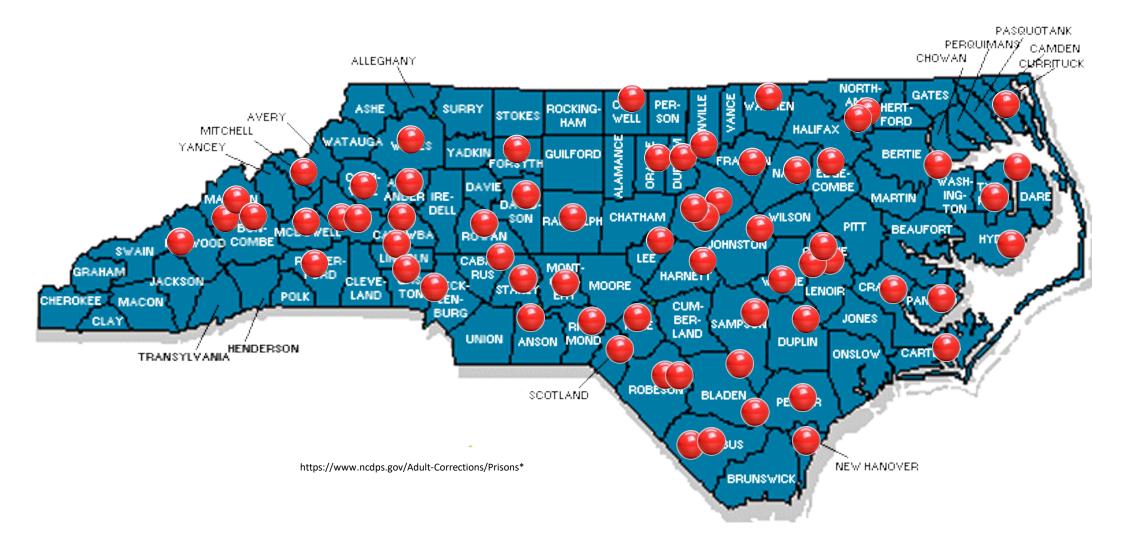
100 NC County Sheriffs



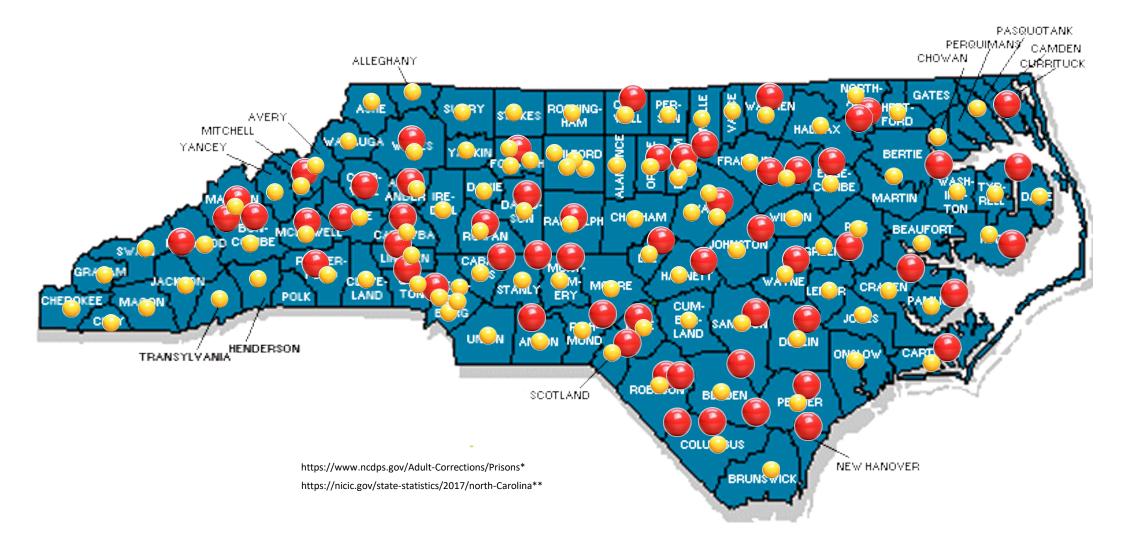
97 NC Jail Systems**



70 NC Prison Facilities*



NC Jails and Prisons



Challenge!

'Build me a system that will get good jail medical information to my prisons...'

Bob Brinson – NC DOC 2015

Prisoner Information eXchange for the NC DoC and Jails



A North Carolina Pilot Project- 2016

"... the Carteret County Jail will ultimately be the recipient of medical and psychiatric information prior to the inmate coming through our door. This will give us a tremendous advantage on planning and cost savings. It will also reduce our liability and improve the safety of the inmate."

Sheriff Asa Buck, Carteret County, Past President of the NC Sheriffs Association

"...this program was presented to the (NC) Criminal Justice Information Network CJIN) Board in the recent past and was well received and favorably endorsed in their annual report to the Legislature. As I serve on the board, I recognize the impact of such projects."

Sheriff Charles Blackwood, Orange County, CJIN Board Member

7 NC Counties

Pitt, Iredell, Wayne, Carteret, Roberson, Orange, Pender

Unanimous support for moving forward...



Additional hardware requirements...





Booking

Maintenance

Exit









Booking





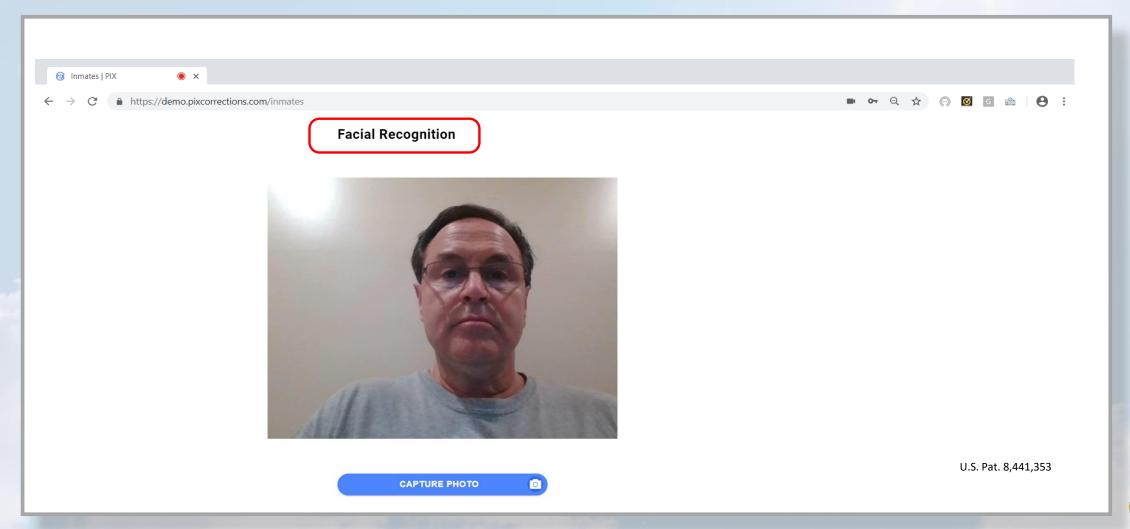




ARRESTING OFFICER'S OBSERVATIONS

This form is to be completed by a law enforcement officer after a judicial official has issued a Release Order requiring that an arrestee be held in custody by the Pitt County Detention Center. Circle YES or NO. If YES, provide additional written information on this form. Full Name of Arrestee: During this person's arrest and custody, did he/she engage in any physical behavior which was resistive, YES assaultive or combative? To your knowledge, is this person injured or been involved in an incident (auto accident, assault, affray, etc.) wherein he/she has been injured? Has this person ingested/under influence of narcotics/controlled substances? 3. To your knowledge, does this person have any history of serious mental illness or self-destructive/ suicidal behavior? Has this person indicated that they intend to do bodily harm to themselves? 4. Has this person expressed to you or are you otherwise aware of any serious medical, dental or psychiatric problem or need that this person may have? To your knowledge, does this person have any enemy in this facility or any person from whom this person should be separated to avoid physical violence? If the answer to any question is YES, please provide additional information. This will be shared with medical staff, classification personnel and other detention staff. I, the undersigned, hereby certify that the foregoing information is true and complete to the best of my knowledge and ability. Signature of Arresting/Transporting Officer Badge/Empl # Date Agency/Department

HOW PIX WORKS | Phase 1, Step 1



Inmate Search Search Search Search inmates





U.S. Pat. 8,441,353